

3739
41

TRANSMITTAL FORM	
(to be used for all correspondence after initial filing)	
PAPER & TRADEMARK OFFICE	
Total Number of Pages in This Submission	7

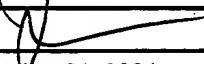
Application Number	10/052,473
Filing Date	January 18, 2002
First Named Inventor	GEORGE BAERVELDT
Art Unit	3739
Examiner Name	FARAH, AHMED M
Total Number of Pages in This Submission	7
Attorney Docket Number	02307U-132310US / NEOME-015A

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Response to Restriction and Election of Species Requirement
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	Return Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

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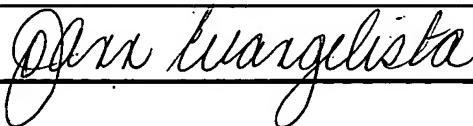
OCT 28 2004

TECHNOLOGY CENTER R3700

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Townsend and Townsend and Crew LLP James M. Heslin	Reg. No. 29,541
Signature		
Date	October 21, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	JoAnn Evangelista		
Signature		Date	October 21, 2004

OCT 25 2004

FEE TRANSMITTAL for FY 2005

Effective 01/01/2004. Patent fees are subject to annual revision.

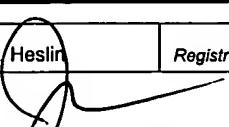
 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1040

Complete if Known	
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Examiner Name	FARAH, AHMED M
Art Unit	3739
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METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None			
<input checked="" type="checkbox"/> Deposit Account:							
Deposit Account Number	20-1430						
Deposit Account Name	Townsend and Townsend and Crew LLP						
The Director is authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity	Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
1001	790	2001	395	Utility filing fee			
1002	350	2002	175	Design filing fee			
1003	550	2003	275	Plant filing fee			
1004	790	2004	395	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)				(\$)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
X <input type="checkbox"/>							
Large Entity	Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
1202	18	2202	9	Claims in excess of 20			
1201	88	2201	44	Independent claims in excess of 3			
1203	300	2203	150	Multiple dependent claim, if not paid			
1204	88	2204	44	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$)			
**or number previously paid, if greater; For Reissues, see above							
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)							

SUBMITTED BY						Complete (if applicable)	
Name (Print/Type)	James M. Heslin	Registration No. (Attorney/Agent)	29,541	Telephone	650-326-2400		
Signature				Date	10/21/2004		

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